

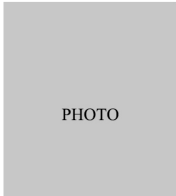


“ Knowledge doesn’t come, but you have to go to it ”

AL - ABRAR ORIENTAL ARABIC COLLEGE

(Affiliated to Calicut University)

KODUVALIKKUNDU, MANNARKKAD, PALAKKAD (DT), KERALA
OFFICE : 04924 223 808, SECRETARY : 9495 451 082, MANAGER : 9495 133 525



Form No: _____

AD No: _____

APPLICATION FORM HIGHER SECONDARY (HUMANITIES / COMMERCE)

Name of The Student :

Expansions of initials : Age & Date of Birth : | / /

Name of Father : Place :

Post : Taluk : Village :

District : State : Pin code :

Religion and community : & Nationality :

AADHAR NO : E.mail ID :

Name and Occupation of the Guardian : &

Mobile Number : 1 : 2 : Whatsapp :

Yearly Income : Bank & Branch Name :

Account Number & IFSC : &

S.C. S.T. O.B.C. O.E.C.

Name of School in which the applicant last studied for SSLC/ Plus-two :

..... No of Chances taken for passing Qualifying exam :

Reg No. Year&Month of Qualifying Exam : & / / SSLC Plus-two

Percentage of marks / Total Marks obtained in Qualifying exam (Copies of Certificates to be attached) :

No. and Date of T.C issued from the institution last Studied :

Wether the applicant is eligible for any concession from Govt. : YES NO

Have You got any certificate in your perfomence for participating in extra curricular activities (Copies of Certificates to be attached) :

DECLARATION

I Solemnly affirm that all particulars and details furnished in the application for admission are true to the best of my knowledge and believe. I hereby assure that i will abide by the rules and regulation framed by the authorities from time to time

Name and Signature of the Parent

Name and Signature of the Student

.....

VERIFICATION COMPLETED

Secretary :

Manager :

FOR OFFICE USE ONLY

Name of The Student : Name of Course :

Produced Certificate : Reg. No. Year and Month : | / /

T.C. No. : Contact :

Remarks :

Date :

Principal